

## **BILL ANALYSIS**

C.S.S.B. 1646  
By: Van de Putte  
Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

The National Governor's Association has identified high-level coordination of services as a best practice for realizing optimal child outcomes and public return on investments. However, in Texas there is no single lead agency or oversight body to coordinate the work of the 10 state agencies and various local entities that provide services and funding specifically to children and youth. This lack of coordination and accountability produces significant challenges to statewide tracking of spending on children's services, increases the possibility of unnecessary duplication of efforts, and leaves a vacuum in executive-level agency leadership to establish priorities and assess potential gaps in services to the state's children and youth.

For children and families, the lack of coordination leads to inaccessibility of services due to multiple disconnected programs. The President's New Freedom Commission on Mental Health reported that consumers often feel overwhelmed when they must access and integrate services across disconnected programs, especially for children involved in multiple public systems, such as education, juvenile justice, and mental health.

Across the country, many states have already established cross-agency coordinating bodies to fundamentally change fragmented service delivery to children and youth. These bodies vary in structure from state to state. As of May 2008, 15 states had a Children's Cabinet and nine other states had a high-level council, commission, or collaboration.

C.S.S.B. 1646 establishes the Council on Children and Families.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.S.B. 1646 amends the Government Code to establish the Council on Children and Families to coordinate the state's health, education, and human services systems to ensure that children and families have access to needed services; improve coordination and efficiency in state agencies, advisory councils on issues affecting children, and local levels of service; prioritize and mobilize resources for children; and facilitate an integrated approach to providing services for children and youth. The bill requires the council to promote a common vision of desired outcomes for children and youth and of family and community supports; promote shared accountability for outcomes for children and youth; and align allocations of resources with policies for children and youth. The bill sets forth the composition of the council, authorization for a chief administrative officer of a member agency to designate an individual to act on behalf of the officer, meeting procedures, and procedures for electing a presiding officer. The bill provides that the council is administratively attached to the Health and Human Services Commission (HHSC) but is independent of direction by HHSC or the executive commissioner.

The bill requires HHSC, through HHSC's Office of Program Coordination for Children and Youth, to provide administrative support and resources to the council as necessary to enable the council to perform its duties. The bill requires the agencies represented on the council to provide periodic staff support of specialists as needed to the council. The bill provides that the council is not subject to provisions regarding state agency advisory committees.

C.S.S.B. 1646 requires the council to analyze the biennial legislative appropriations requests of members of the council for services provided to children and their families and identify appropriations that, through the coordination of members of the council, could be modified in the next legislative appropriation request to eliminate waste or increase available services and, not later than May 1 of each even-numbered year, prepare a report recommending those modifications for consideration during the development of the next biennial legislative appropriations request; investigate opportunities to increase flexible funding for health, education, and human services provided to children and their families; identify methods to remove barriers to local coordination of health, education, and human services provided to children and their families; identify methods to ensure that children and youth receive appropriate assessment, diagnosis, and intervention services; develop methods to prevent unnecessary parental relinquishment of custody of children; prioritize assisting children in family settings, rather than institutional settings; and make recommendations about family involvement in the provision and planning of health, education, and human services for a child, including family partner and liaison models.

C.S.S.B. 1646 authorizes the state agency members of the council to, as appropriate, enter into memoranda of understanding with other agencies to implement any method, process, policy, or recommendation identified or developed by the council under the bill's provisions. The bill requires the council, before a method, process, policy, or recommendation is implemented, to identify the timeline and proposed outcome of implementing the method, process, policy, or recommendation, and benchmarks that may be used to measure the success of the implementation of the method, process, policy, or recommendation; and assign to the appropriate members of the council responsibility for implementing the method, process, policy, or recommendation. The bill authorizes the council to collect data necessary to conduct the council's duties or implement the council's recommendations and requires the council to use any reports or information produced by other entities related to children, youth, and families to inform the council.

C.S.S.B. 1646 requires the council to submit, not later than December 1 of each even-numbered year, a report to the governor, lieutenant governor, speaker of the house of representatives, and members of the legislature that contains the requests, plans, and recommendations of the council, including recommendations of any legislation that is needed to further develop and maintain a statewide system of quality health, education, and human services for children and families, and that contains information regarding the implementation by the members of the council of any method, process, policy, or recommendation, including information regarding whether the implementation has proceeded in accordance with the timeline, outcome, and benchmarks identified by the council.

C.S.S.B. 1646 makes the council subject to the Texas Sunset Act and provides for the abolishment of the council and the expiration of related provisions on September 1, 2019, unless the council is continued in existence. The bill requires the council to convene its initial meeting not later than October 1, 2009.

C.S.S.B. 1646 provides that it does not make an appropriation and that a provision that creates a new governmental program, creates a new entitlement, or imposes a new duty on a governmental entity is not mandatory during a fiscal period for which the legislature has not made a specific appropriation to implement the provision.

### **EFFECTIVE DATE**

On passage, or, if the act does not receive the necessary vote, the act takes effect September 1, 2009.

### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

C.S.S.B. 1646 differs from the original by omitting all provisions included in the original relating to the establishment of the Children's Behavioral Health Council, the composition of the behavioral health council, the election of co-chairs of the council, meeting requirements, the duties of the council, and requirements of the chief administrative officers of certain agencies and the executive commissioner of the Health and Human Services Commission regarding appointments to the council.

C.S.S.B. 1646 differs from the original by requiring the Council on Children and Families, among other duties, to identify methods to ensure that children and youth receive appropriate assessment, diagnoses, and intervention services, rather than to ensure that all children and youth receive those services.